## ACTON BOARD OF HEALTH ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: COOKWOYES	a it
Type of Business: Address: Telephone: Contact Person:  Address:  Address:  14366(eat Rd)  978, 303.3374  Contact Person:	318
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Housekeeping: Is area clean: Are spills present: Is there appropriate storage of materials: Are materials and wastes kept separate: Are spill cleanup materials available: Materials have secondary containment: Are materials and wastes labeled:  yes no no no no	
Safety:	
Are MSDSs available on site: Is employee personal protective equipment available on site: Are employees trained in hazardous materials handling: Are emergency procedures posted:  ves no ves no ves no ves no	
Site Management:	To 240 :
Are wastes removed by a licensed hauler:  Are floor drains present in any area with hazardous materials or waste:  Are sinks present in any area with hazardous materials or waste:  yes  no  Is testing of septic system necessary:  Does site plan on file reflect current arrangement:  Any UST (underground storage tank) present:  If IIST present is it alarmed:  yes  no  no  yes  no  no  yes  no  no  no  no  no  no  no  no  no  n	apped.
Action Items	
	12 22 308
Reinspection required?  Yes No Date:  Inspector Signature  Inspector Signature	<u> </u>
Representative Signature Inspector Signature	